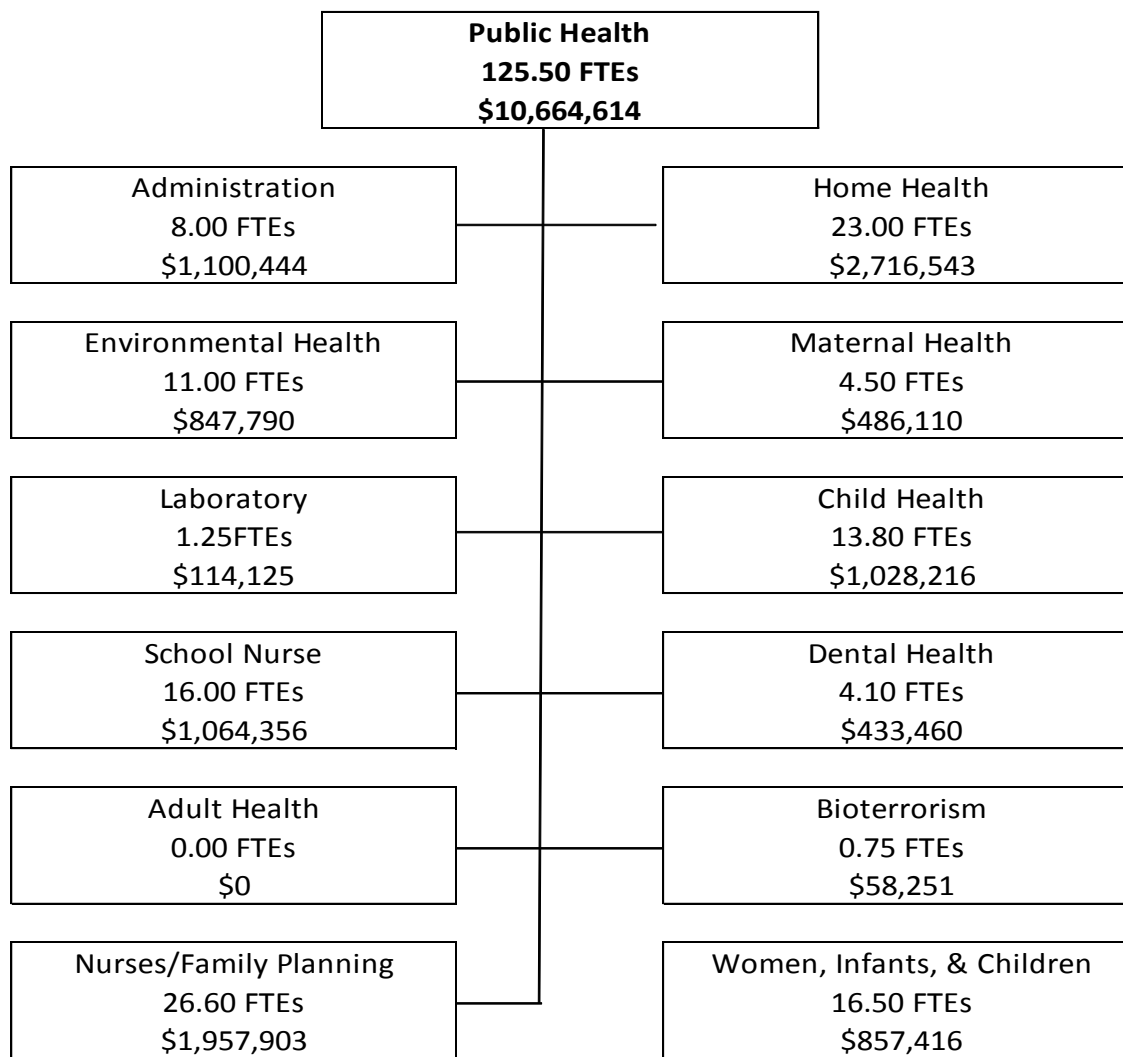


Catawba County Government



Public Health

Organizations: 580050 - 580550

| | 2013/14 Actual | 2014/15 Current | 2015/16 Requested | 2015/16 Approved | Percent Change |
|------------------------------------|---------------------|---------------------|----------------------|---------------------|-------------------|
| Revenues | | | | | |
| Federal | \$40,965 | \$55,647 | \$51,000 | \$51,000 | -8.4% |
| State | 991,155 | 1,210,680 | 117,321 | 1,120,245 | -7.5% |
| Federal & State | 1,566,514 | 1,662,601 | 1,554,415 | 1,589,890 | -4.4% |
| Local | 822,996 | 890,975 | 875,189 | 893,768 | 0.3% |
| Charges & Fees | 4,618,791 | 4,935,634 | 4,229,350 | 4,265,544 | -13.6% |
| Miscellaneous | 86,966 | 110,750 | 94,750 | 94,750 | -14.4% |
| Special Contingency | 0 | 275,000 | 275,000 | 275,000 | 0.0% |
| Fund Balance | 0 | 14,789 | 0 | 0 | 0% |
| General Fund | 2,438,639 | 1,926,311 | 3,280,252 | 2,374,417 | 23.3% |
| Total | \$10,566,026 | \$11,082,387 | \$10,477,277 | \$10,664,614 | -3.8% |
| Expenses | | | | | |
| Personal Services | \$8,093,478 | \$8,245,486 | \$7,998,984 | \$8,186,321 | -0.7% |
| Supplies & Operations | 2,472,548 | 2,561,901 | 2,203,293 | 2,203,293 | -14.0% |
| Capital | 0 | 0 | 0 | 0 | 0% |
| Special Contingency | 0 | 275,000 | 275,000 | 275,000 | 0.0% |
| Total | \$10,566,026 | \$11,082,387 | \$10,477,277 | \$10,664,614 | -3.8% |
| Expenses by Division | | | | | |
| Administration | \$789,355 | \$1,086,764 | \$1,082,601 | \$1,100,444 | 1.3% |
| Home Health | 2,989,391 | 3,064,052 | 2,680,349 | 2,716,543 | -11.3% |
| Environmental Health | 804,240 | 818,138 | 827,291 | 847,790 | 3.6% |
| Family Care Coordination | 0 | 0 | 0 | 0 | |
| Maternal Health | 514,824 | 510,608 | 479,582 | 486,110 | -4.8% |
| Laboratory | 107,700 | 111,522 | 112,086 | 114,125 | 2.3% |
| Child Health | 1,566,969 | 1,054,968 | 1,005,333 | 1,028,216 | -2.5% |
| Health & Wellness Trust | 0 | 0 | 0 | 0 | 0% |
| School Nurse | 980,917 | 1,045,758 | 1,045,777 | 1,064,356 | 1.8% |
| Dental Health | 454,330 | 494,062 | 428,957 | 433,460 | -12.3% |
| Adult Health | 470,582 | 0 | 0 | 0 | 0% |
| Bioterrorism | 49,568 | 55,647 | 57,044 | 58,251 | 4.7% |
| ABCD Grant | 0 | 0 | 0 | 0 | 0% |
| Clinical Services (fmr. Nurses/FP) | 999,294 | 1,964,101 | 1,920,422 | 1,957,903 | -0.3% |
| WIC | 838,856 | 876,767 | 837,835 | 857,416 | -2.2% |
| Total | \$10,566,026 | \$11,082,387 | \$10,477,277 | \$10,664,614 | -3.8% |
| Employees | | | | | |
| Permanent | 133.80 | 131.50 | 133.80 | 125.50 | -4.6% |
| Hourly | 2.33 | 2.33 | 2.33 | 2.00 | -14.2% |
| Total | 136.13 | 133.83 | 136.13 | 127.50 | -4.7% |

Budget Highlights

Over the last several years, Public Health has undergone significant expense reductions to prevent overspending of local County dollars. Even with these reductions, Public Health was projected to have an almost \$700,000 deficit for Fiscal Year 2015/16. The budget reduces Public Health's expenses by 3.8 percent from the last year's approved budget, eliminating three positions and reducing the operating budget. The budget increases the department's county share by \$137,000. An additional \$250,000, previously required to support school nurses, is freed for other purposes thanks to CVMC's increased investment in school nurses. This \$387,000 will cover a portion of the structural deficit and address planned compensation and benefits increases. When taken together, the expense reductions and the increased County share address the entire shortfall.

Performance Measurement

Fiscal Year 2015/16

Catawba County Public Health will continue to focus on providing high quality health services for the County's citizens during Fiscal Year 2015/16. The department will identify and complete two Quality Improvement projects maximizing efficiency and/or reducing operational costs. In Environmental Health, the department will consistently apply all environmental health rules and best practices. The percentage of children who will be appropriately immunized will increase, ensuring protection from childhood diseases. The Dental clinic will improve low-income pregnant women's access to dental services. In Adult Health, the department will continue to reduce the spread of sexually transmitted diseases in the County. As part of a multi-year Bioterrorism Preparedness and Response project, the department will demonstrate medical readiness during a public health emergency.

Fiscal Year 2014/15

At mid-year, Public Health is on target to achieve 35 of its 38 outcomes. Environmental Health maintained a high level of responsiveness by responding to all complaints (93) related to possible violation of North Carolina Environmental Health statutes within 48 hours. Maternal Health continued to seek improvements in birth outcomes by having 65 percent of Catawba County residents that received prenatal care from Catawba Valley Medical Center initiate care in their first trimester of pregnancy and 93 percent continuing care throughout their pregnancy. Child Health, through partnerships with local physicians and pediatricians, has identified a medical home for 92 percent of Medicaid recipients' ages 0-18. Also in Child Health, Early Childhood Support Teams are on target to insure child care staff are trained and prepared to routinely manage children's medical conditions by having 95 percent of all child care staff demonstrate an understanding and ability to respond to children's emergency medical situations.

The Dental Health Clinic received 610 unduplicated patients between the ages of 6-21, well ahead of pace to serve 1,000 children for the fiscal year, improving access to dental services for low income school age children. In Clinical Services, the department employed the "open access" appointment scheduling model to achieve an 86 percent patient show rate for cancer screening services.

An outcome not on target is Home Health's referral outcome. Home Health seeks to achieve long-term sustainability in the industry by achieving 1,700 patient referrals in Fiscal Year 2014/15. At mid-year Home Health had only received 610 referrals, which is on pace for 1,220 at year-end. Another outcome

not on target is Environmental Health's customer service outcome. Environmental Health seeks to complete all onsite well and septic permits within 10 Environmental Health processing days (an internally developed metric). At mid-year, just 92.46 of permits were processed within 10 days.

Fiscal Year 2013/14

Administration

Public Health Administration achieved all three of its outcomes. Administration successfully oversaw a quality improvement process in Adult Health that improved scheduling flexibility and increased the number patients seen by 5 percent. Administration also ensured that the department delivered high quality customer service with 99 percent of surveyed customers reporting that they were either "satisfied" or "highly satisfied" with Public Health services. Finally, Administration ensured the State Accreditation Advisory Board awarded Catawba County Public Health accredited status for another four years.

Home Health

Home Health achieved two of its three outcomes, ensuring 90.36 percent of all patients discharged from the agency remained in their place of residence after an episode of care and ensuring 96 percent of Medicare/Medicaid patients received services within 48 hours of receiving the physicians' orders.

The lone outcome not achieved pertained to Home Health referrals, where Public Health was just 5 referrals short of its 1,530 goal for Fiscal Year 2013/14. However, the 1,525 referrals garnered throughout the year was an increase of 23 from the previous fiscal year.

Environmental Health

Environmental Health achieved all four of its outcomes. The continued safety and health of Catawba County residents was assured by conducting inspections on 100 percent of permitted food service and lodging establishments (2,291 inspections conducted at 984 permitted establishments). A high level of responsiveness was maintained by investigating 97.11 percent of complaints within 48 hours. Environmental Health exceeded its outcome to assure staff consistently applies rules and best management practices to 90 percent cases by doing so in 99.56 percent of cases. Finally, 98.68 percent of onsite well and septic permits were issued within 10 process days, exceeding its goal of 95 percent.

Maternal Health

Maternal Health achieved two of its three outcomes. Public Health ensured 57 percent of Catawba Valley Maternity Services patients initiated care within their first trimester of pregnancy, improving birth outcomes. Additionally, 99 percent of women eligible for Pregnancy Care Management (PCM) services were enrolled and received PCM services through a Public Health Care Manager, further improving birth outcomes.

The one outcome not achieved was ensuring 85 percent of pregnant women residing in Catawba County who receive health care management services through PCM complete a six-week postpartum visit. Maternal Health missed this outcome by achieving 84 percent, still exceeding the State average of 66 percent.

Child Health

Child Health achieved 11 of its 12 outcomes. It assured that 92 percent of Medicaid recipients ages 0-18 have an identified medical home, which assures positive health outcomes through timely and preventable acute health services. In order to prevent childhood disease, 79 percent of all children residing in Catawba County were appropriately immunized by 24 months of age, higher than the department's 78 percent goal. Child Health ensured specialized medical care and health risk monitoring continued for 100 percent of Neonatal Intensive Care Unit graduates who received Medicaid. Child Health assured a medical home was established for 100 percent of children in foster care or with special health needs who were referred to and received care from Care Coordination for Children (CC4C). Additionally, CC4C ensured 100 percent of infants less than 1 year old and exhibiting signs of developmental delay were referred to CC4C case management. Child Health also focused on having parents with children in CC4C use their child's medical home appropriately by ensuring 98 percent of CC4C caseloads were contacted within 72 hours for follow-up and care management. Child Health ensured child care staff were trained and prepared to routinely manage children's medical conditions by having 100 percent of child care staff demonstrate an understanding of and ability to respond to emergency medical situations for children with care plans for chronic conditions such as asthma and diabetes. 100 percent of child care centers (29/29) participating in the Healthy Child Care Center Recognition Program met all priority goals for the fiscal year. Better health for students was insured by having 96 percent of students enrolled in the case management program meet their individual goals in areas such as attendance, grades, class participation, behavior, etc. To maintain the safety of all students who rely on school bus transport, 100 percent of school bus drivers received CPR and First Aid training or recertified at the beginning of the school year. Child Health's final outcome was achieved by having 100 percent of identified pregnant students (22/22) referred to prenatal care within their first trimester.

The lone Child Health outcome not achieved aimed at promoting overall health and reducing childhood obesity by lowering the average Body Mass Index (BMI) of fifth grade students to 19. At the end of Fiscal Year 2013/14 the average BMI for the 1,831 fifth graders in Catawba County was 20.28.

Dental Health

Catawba County Dental Health achieved both of its Fiscal Year 2013/14 outcomes. Access to dental services for low income school aged children was improved 9.3 percent, surpassing its goal of a 6.5 percent increase. The number of children ages one through five who received dental services at Public Health's dental clinic increased 27 percent, exceeding the goal of increasing service by 21 percent.

Adult Health

Adult Health achieved four of its six outcomes. Adult Health assured that breast cancer was properly diagnosed and treated by ensuring 100 percent of women screened for breast cancer at the Adult Health Clinic who were referred to an outside provider follow through with obtaining care. 99 percent (350) of patients diagnosed with a sexually transmitted disease received treatment within two weeks, exceeding the goal of 85 percent. 98 percent of clients seen in the Fat Track Clinic had a total visit time of 45 minutes or less with an average time per visit of 14 minutes. 100 percent of patients (7 out of 7) who began treatment for Latent Tuberculosis Infection during the first quarter completed taking their medication. Catawba County Health Partners, Inc. announced certification of 10 new Healthy Childcare

Centers in the County, exceeding its goal of implementing at least 5 local policy, systems, and/or environmental changes.

The only outcome not achieved focused on improving patient access to timely and convenient preventive and cancer screening services by using “open access” appointment scheduling to have a patient show rate of 84 percent. Adult Health achieved an 82 percent show rate, 2 percentage points below the target and 1 percentage point below the prior year’s goal.

Bioterrorism

Bioterrorism achieved two of its three outcomes. First, the department successfully demonstrated its capability to receive, store, and distribute the Strategic National Stockpile by achieving a 100 percent on its evaluation. Additionally, 94 percent of Public Health staff responded to call-down drills within four hours to ensure staff had a high level of readiness in case of a natural, technological or CBR disaster.

The only outcome not achieved involved increasing staff’s level of preparedness and ability to respond to Public Health threats, measured by having the entire staff score 90 percent on a post-test. Unfortunately, only 90 percent of the staff scored 90 percent.

Women, Infants, and Children (WIC)

WIC achieved all three of its outcomes for Fiscal Year 2013/14, maximizing the growth and development of infants and children by maintaining a monthly participant caseload of 97 percent (4,417 participants per month). WIC exceeded its outcome to encourage at least 65 percent of women in the Breastfeeding Peer Counseling Program to continue breastfeeding for at least six weeks by having 97 percent of women enrolled continue to breastfeed. Finally, 62.88 percent of WIC Farmers’ Market vouchers were redeemed (the third highest redemption rate in the State), surpassing the goal of 51 percent.

ADMINISTRATION

Statement of Purpose

To manage and administer quality, cost effective, and customer driven public health programs and services to Catawba County residents.

Outcomes

1. Catawba County Public Health (CCPH) will identify and successfully complete two Quality Improvement (QI) projects to maximize the impact of available CCPH resources and improve efficiencies by utilizing skills learned in Public Health Quality Improvement 101 and QI Advisor program.
2. Catawba County Public Health will ensure programs, services, and staff meets the expectations of its internal and external customers by having 90 percent of surveyed customers report that they are “satisfied” or “highly satisfied” with Public Health services. (During Fiscal Year 2013/14, 99 percent of those surveyed report that they were “satisfied” or “highly satisfied” with Public Health services.)

HOME HEALTH

Statement of Purpose

Catawba County Home Health Agency (HHA) is a community based non-profit agency serving residents in Catawba and surrounding counties. Home Health provides skilled nursing, physical therapy, speech therapy, and occupational therapy as well as home health aide and medical social work services to residents in their homes. The overall goal is to ensure that HHA clients in the Catawba Valley area will have access to, and receive quality home health care regardless of their socio-economic status.

Outcomes

1. To ensure an effective, quality healthcare alternative to costly inpatient care, 85 percent of all Catawba County Home Health patients will remain in their place of residence after an episode of Home Health care ends. (During Fiscal Year 2013/14, 90.36 percent of patients remained in their residence after discharge from HHA care.)
2. To achieve long term sustainability in the dynamic home health care industry and assure all residents have access to home health care, Catawba County HHA will receive 1,300 patient referrals from a variety of healthcare providers. (In Fiscal Year 2013/14, 1,525 referrals were received.)
3. To ensure patients receive a timely and seamless transition to home care, Catawba County Home Health will initiate physician ordered services for 95 percent of patients within 48 hours of receiving the referral. (Strategic Healthcare Programs report shows Fiscal Year 2013/14 averages were National – 92.3 percent; NC – 90.7 percent; and CCHHA – 95 percent.)

ENVIRONMENTAL HEALTH

Statement of Purpose

To assure a safe and healthful environment for the citizens of Catawba County with respect to permitted establishments, subsurface waste disposal, private well construction and protection, and North Carolina smoke-free laws.

Outcomes

1. Provide for the continued safety and health of Catawba County residents by conducting inspections on 100 percent of permitted food service establishments and lodging establishments that are scheduled for an inspection. In Fiscal Year 2013/14, 2,291 inspections were conducted at 984 permitted establishments and 11 food service education and training sessions with a total of 111 participants were conducted. [For Fiscal Year 2012/13, Catawba County Environmental Health achieved 100 percent inspection rate, the only county out of 58 to do so. Of the six counties with similar number of establishments (from 550 to 628), Catawba County Environmental Health was one of the three who achieved 100 percent. Comparable counties data for Fiscal Year 2013/14 will be available in March 2015].
2. To maintain a high level of responsiveness, Environmental Health will respond to 95 percent of complaints related to possible violations of North Carolina Environmental Health statutes and rules within 48 hours after receiving the complaint by providing technical assistance, consultation, remediation, or other enforcement methods to resolve violations. (Fiscal Year 2013/14 response rate was 97.11 percent. No State or regional data available for comparison.)
3. To assure consistent application of Environmental Health rules and established best practices. Environmental Health staff will achieve an average QIP evaluation of 90 percent for both field review and permit review components of the QIP. The QIP evaluation identifies critical rule interpretation, application, and decision making items that are evaluated for adherence with established best practices and program standards. (During Fiscal Year 2013/14, the OSWP rating was 99.5 percent and the FLI rating was 97.5 percent.)
4. To provide excellent customer service, Environmental Health will complete 92 percent of all onsite well and septic permits within ten Environmental Health process days. (Fiscal Year 2013/14 rate was 98.68 percent. No State or regional data available for comparison.)

PRENATAL

Statement of Purpose

Catawba County Public Health (CCPH) aspires to ensure the highest quality and most efficient prenatal services to pregnant women by assuring early access to prenatal and postpartum medical care and support services through the Pregnancy Care Management (PCM) Program that aims to maximize healthy birth outcomes. CCPH, in partnership with Catawba Valley Medical Center (CVMC), assures comprehensive prenatal care is available to all pregnant women in Catawba County.

Outcomes

1. As reported in the 2014 SOTCH, only 80.7 percent of Catawba County births in 2013 were to mothers who received early and adequate prenatal care. To improve birth outcomes, 60 percent of Catawba County residents that receive prenatal care from Catawba Valley Medical Center - Maternity Services (CVMC-MS), a partnership with Catawba County Public Health, will initiate care in their first trimester of pregnancy and 90 percent will continue care throughout their pregnancy. Decrease the number of prenatal patients that report smoking at the end of the pregnancy by 35 percent. Early entry into prenatal care improves pregnancy outcomes by identifying and managing medical and social risk factors that cause poor birth outcomes such as preterm labor, gestational diabetes, tobacco use, substance abuse, family support issues, etc. (In Fiscal Year 2013/14, 57 percent of CVMC-MS patients entered into care in their first trimester and 91 percent continued care throughout their pregnancy.)
2. All women identified as eligible will be offered Pregnancy Care Management services and 95 percent will be enrolled and receive PCM services through a CCPH Care Manager. The PCM program is a partnership between NC Public Health, Community Care of North Carolina, and NC Medical Assistance that promotes healthy mothers and healthy babies. This program provides care management services for high risk women during pregnancy and for two months after delivery by a social worker or nurse. (During Fiscal Year 2013/14, all eligible women were offered PCM services and 98.5 percent (699/710) were enrolled and received PCM services. No State comparison data is available.)
3. CCPH will ensure that patients have continued access to safety net services (i.e. WIC, Family Planning, and care management) after delivery by having 84 percent of pregnant women residing in Catawba County that are receiving care management services through the Pregnancy Care Management program complete their postpartum exam. (In Fiscal Year 2013/14, 84 percent of CCPH prenatal patients completed their postpartum exam. No State comparison data is available.)

CHILDREN'S SERVICES

Child Health

Statement of Purpose

Catawba County Public Health (CCPH) seeks to ensure that children ages 0-18 have access to preventive and acute health care. Routine health care promotes physical, social, and emotional growth of children through the early detection, treatment and referral of health problems, illness prevention, and anticipatory guidance.

Outcomes

1. To ensure vulnerable children have access to valuable healthcare support services and programs, 90 percent of uninsured or under-insured children served through the Healthcare Access Partnership with Catawba Pediatric Associates, PA (CPA) will be referred to CCPH programs such as Dental, WIC, ECST, School Health, and CC4C.
2. To ensure the most effective protection against preventable childhood diseases, by June 30, 2017, 82 percent of all children residing in Catawba County will be age appropriately immunized by 24 months of age. To improve this rate over the next three years, Catawba County Public Health will integrate root cause and data analysis capacities into targeted outreach strategies. (The Fiscal Year 2012/13 NC Immunization Assessment rate for Catawba County was 79 percent; that same rate for Fiscal Year 2013/14 was 79 percent.)
 - Fiscal Year 2015/16 (Year 2): Staff will utilize targeted strategies by analyzing the Fiscal Year 2014/15 rate and comparing to previous data analysis for trends and successful strategies. Strategies could include detailed tracking and follow-up of children not in compliance, working with physicians to ensure immunizations are entered into NCIR, coordinating with service providers of young children such as WIC, CC4C, dental, ECST, etc.

Care Coordination for Children (CC4C)

Statement of Purpose

Catawba County Public Health seeks to ensure care management services are provided for all Medicaid children birth to five years of age that are determined to be high-risk and qualify for services. The Care Coordination for Children (CC4C) program, in partnership with Community Care Networks, implements community based interventions for children to maximize health outcomes. Priority risk factors include children with special health care needs, having or at increased risk for chronic physical, behavioral or emotional conditions, exposed to toxic stress in early childhood including extreme poverty in conjunction with continuous family chaos, recurrent physical or emotional abuse, chronic neglect, severe enduring maternal depression, persistent parental substance abuse, repeated exposure to violence within the community or family, those in the foster care system, or those who are high cost/high users of service.

Outcomes

3. To ensure that specialized medical care and health risk monitoring by a physician continues after an infant is discharged from the Neonatal Intensive Care Unit (NICU), all Medicaid eligible NICU graduates will be offered CC4C and 95 percent will establish care with a medical home within 30 days of discharge from NICU. (During Fiscal Year 2013/14, 100 percent (177/177) were offered and received services.)
4. To assure healthy growth and development through the receipt of continuous primary health care, 95 percent of all children ages birth to five years who are referred for and receive CC4C care management services for special health care needs and foster care will establish care with a medical home. (During Fiscal Year 2013/14, 100 percent (74/74) of newly referred children established a medical home.)
5. To increase the likelihood that a child will experience positive developmental outcomes, 95 percent of infants up to three years of age exhibiting signs of developmental delay, will be referred by the CC4C case manager to the Early Intervention program for evaluation. Of those children evaluated by the Early Intervention Program and identified for services, 50 percent will receive intervention services. The CC4C program encourages case managers, physicians, and parents to “refer” children for evaluation instead of a “wait and see” approach. Research shows early intervention is associated with improved developmental outcomes. (No baseline data. Measured by tracking name of infants and children and date referred to Children’s Developmental Services Agency (CDSA), date appointment kept with CDSA, and number of children identified to receive intervention services.)
6. To ensure appropriate use of a medical home, 95 percent of children on the CC4C caseload (birth to age five Medicaid children) that have a hospital admission, emergency room visit, or hospital readmission will be contacted within 72 hours of discharge for follow-up and care management. This timely follow-up is a best practice and will allow Public Health to identify the reason(s) for the visits/admissions and create a plan that will transition the family from unnecessary and/or intermittent emergency room/urgent care use to appropriately using and receiving continuous care from a consistent medical provider. (This outcome will be measured by tracking the name, date of children referred/discharged from the hospital or emergency department, and the date that the patient is contacted. During Fiscal Year 2013/14, 100 percent (10/10) were referred and received early intervention services. No State or regional data is available for Fiscal Year 2013/14.)

Early Childhood Support Team

Statement of Purpose

The Early Childhood Support Team (ECST) nurse provides health promotion/health prevention to identified ECST Child Care Centers, the children enrolled, and their families as a member of a multi-agency, multi-disciplinary team, including health education for children, center staff and families, health consultation and staff development, assistance to families in locating and obtaining health resources, and identification and development of emergency action plans for children with chronic illnesses.

Outcomes

7. To insure that child care staff are trained and prepared to routinely manage children's medical conditions as well as respond quickly and accurately during emergencies, 95 percent of child care center staff will demonstrate an understanding of and ability to respond to emergency medical situations for children with care plans in place for chronic medical conditions such as asthma and diabetes, as evaluated by teachers' pre-and post-test survey. (During Fiscal Year 2013/14, 100 percent (325/325) of child care staff passed emergency response after-training skills assessment and 100 percent (43/43) of child care staff who participated in medical needs training passed the post-training assessment.)
8. To promote a healthy child care environment and to prevent the spread of childhood diseases, 90 percent of child care centers participating in the Infant-Toddler Environmental Rating Scale (ITERS) and/or Early Childhood Environmental Rating Scale (ECERS) will maintain or improve their score in the areas of toileting/diapering and health practices after ECST Nurse assessment and consultation. ECST Nurses will utilize the NC Child Care Health and Safety Assessment Tool for assessing baseline data and measuring levels of improvement. This tool is supported by the Frank Porter Graham Child Development Institute.
9. To ensure the most at-risk children in childcare are healthy and health conditions are managed as they enter kindergarten, the ECST nurses will work with families to resolve individual health needs identified through comprehensive health assessments conducted on 90 percent of children referred to the ECST. Comprehensive health assessments will include access to medical and dental homes; routine physical exams; dental exams and treatment; immunizations; chronic medical conditions management and treatment, etc.

School Health

Statement of Purpose

The School Health Program provides school site, direct health services, health education, consultation for faculty and staff, and health promotion/prevention for staff and students to promote maximum physical, social, emotional, and educational growth of children.

Outcomes

10. For students enrolled in the case management program, 95 percent or more will meet their individual goals in areas such as attendance, grades, class participation, behavior, etc. as evaluated by teacher(s) pre- and post-test survey. Examples of strategies includes, but are not limited to: following up with students that are absent for more than one consecutive day; assessment of sleeping and/or eating patterns; assessment of vision and hearing; ensuring the child has an identified medical home and is receiving routine care; educating the student about their health condition for improved self-management; and making all appropriate referrals where needed. (In Fiscal Year 2013/14, 99 percent of students achieved their goals.)

11. As reported in the 2014 SOTCH, only 80.7 percent of Catawba County births in 2013 were to mothers who received early and adequate prenatal care. To increase the likelihood of healthy pregnancy outcomes, 98 percent of newly identified pregnant students known by the school nurse will begin prenatal care within the first trimester. Evidence shows that early entry into prenatal care improves pregnancy outcomes. (In Fiscal Year 2013/14, 100 percent of students began care in their first trimester.)
12. To ensure compliance with the amended NC immunization requirements effective July 1, 2017 and to continue efforts to prevent pertussis and other vaccine preventable diseases in our community by June 20, 2018, 90 percent of eligible seventh grade students will receive a Tdap booster and Meningococcal vaccine by the 30th calendar day of school. North Carolina Administrative Code Title 10A, Chapter 41A .0401 requires one dose of Meningococcal conjugate vaccine for individuals entering the seventh grade or by 12 years of age, whichever comes first, on or after July 1, 2015. A booster dose is required by 17 years of age or by entering the 12th grade but not to individuals who enter the 12th grade before August 1, 2020.
 - Fiscal Year 2015/16 (Year 2): Staff will analyze the Fiscal Year 2014/15 rate and compare to previous data analysis for trends and successful strategies. CCPH will make adjustments to the plan and implement the interventions described in the plan. Strategies such as awareness campaign, School Nurse contact with parent and student, school system support, and physician cooperation to encourage vaccines and reduce missed opportunities for vaccination. This will be used to improve the compliance rates.
13. Obesity was, again, identified as a health priority in the 2011 Community Health Assessment, which indicated 38.1 percent of Catawba County children were overweight or obese. To promote overall health and reduce childhood obesity, CCPH School Nurses will offer case management services, using the National Association of School Nurses, "School Nurse Childhood Obesity Toolkit" (SCOT) for select students who have a Body Mass Index (BMI) in the $\geq 95^{\text{th}}$ percentile and who have met case management criteria (parental permission). For students who are case managed, 60 percent will meet one or more of their individualized healthy behavior goals by June 30, 2018 as evaluated by the school nurse. Example of healthy behavior goals include but are not limited to: increase weekly physical activity; increase in weekly consumption of fruits/vegetables; decrease in weekly sugary drink consumption; decrease in weekly screen time; and establishment of a medical home.
 - Fiscal Year 2015/16 (Year 2): CCPH School Nurses will evaluate effectiveness of the SCOT interventions with students identified in Fiscal Year 2014/15 and maximize the successes in Fiscal Year 2015/16. Improvement in achievement toward individual healthy behavior goals will be demonstrated.

DENTAL

Statement of Purpose

To improve the oral health of children and pregnant women without access to dental services, income and Medicaid eligible children ages one through 21 and pregnant women with Medicaid for Pregnant Women or Medicaid, will have access to comprehensive, preventive, and treatment dental services through the Catawba County Public Health (CCPH) Dental Practice.

Outcomes

1. As reported in the 2011 Community Health Assessment, only 56 percent of Catawba County Medicaid-eligible children ages 1-20 were utilizing dental services as of 2010. While updated county-level data is not available, the 2014 SOTCH shows the North Carolina percentage increased from 53 percent (reported in the 2011 CHA) to 57.3 percent. To improve access to dental services for low income school age children, the CCPH Dental Practice will serve 950 children ages five through 19 in Fiscal Year 2015/16. This will be accomplished through enhanced referral networks and increased awareness of the dental practice services and capacity. (In Fiscal Year 2013/14, 943 children ages five through 19 were served. In Fiscal Year 2012/13, 840 children ages six through 21 were served.)
2. CCPH Dental Practice will serve 450 children ages birth through four in Fiscal Year 2015/16. This will be accomplished by strengthening partnerships with programs and/or organizations who serve low income children to more efficiently identify and refer those without dental care. (In Fiscal Year 2013/14, 412 children ages birth through four were served. In Fiscal Year 2012/13, 434 children, ages one through five, were served.)
3. To improve access to dental services for low-income pregnant women, the CCPH Dental Practice will serve 50 pregnant women covered by Medicaid for Pregnant Women or Medicaid in Fiscal Year 2015/16. CCPH Pregnancy Care Managers assigned to Catawba County obstetrical practices will ensure eligible pregnant women with oral health needs gain access to these services. (No historical data available.)

BIOTERRORISM PREPAREDNESS AND RESPONSE

Statement of Purpose

Ensure Catawba County Public Health (CCPH) is prepared to prevent, mitigate, and/or respond to disease outbreaks and biological threats to our community.

Outcomes

1. To increase the Catawba County Public Health staff's level of preparedness and ability to respond to Public Health threats, all CCPH staff will participate in annual preparedness training and demonstrate a 90 percent competency score on the post test. A pre-test will be administered before training is initiated. (During Fiscal Year 2013/14, 90 percent of staff scored 90 percent or better on the 35-question post-training preparedness test. No State or regional is data available.)
2. Catawba County Public Health will demonstrate readiness to conduct Medical Countermeasures operations in the event of Strategic National Stockpile (SNS) deployment during a public health emergency. A new tool has been released by the Centers for Disease Control and Prevention (CDC) titled *Medical Countermeasure Operational Readiness Review Tool* (MCMORR) and replaces the Local Technical Assistance Review (LTAR). The MCMORR will now be utilized to assess and document local and State public health readiness for coordinating mass distribution of medications and supplies critical to prevent spread of disease and protect the health of the community in a natural or manmade public health emergency or disaster. A MCMORR baseline will be set after an assessment in the fall of 2015. (This is a new outcome with no benchmarks. MCMORR uses EARLY, INTERMEDIATE, ESTABLISHED and ADVANCED as readiness indicators as compared with the former numeric scores on the LTAR tool. ESTABLISHED is the desired readiness level.)

Fiscal Year 2015/16 (Year 1): MCMORR baseline established and action plan developed that improves readiness on MCMORR standards.

Fiscal Year 2016/17 (Year 2): Catawba County Public Health will demonstrate a 15 percent increase in the number of functions that meet ESTABLISHED in the MCMORR as compared to the MCMORR baseline.

Fiscal Year 2017/18 (Year 3): Catawba County Public Health will demonstrate a 20 percent increase in the number of functions that meet ESTABLISHED in the MCMORR as compared to the FY15/16 MCMORR results.

3. To ensure a high level of readiness in the case of a natural or technological disaster or a CBR attack, 90 percent of Catawba County Public Health employees will respond to quarterly call-down drills within four hours to demonstrate and ensure a Public Health ready-to-respond workforce. (Fiscal Year 2013/14 call down drills averaged a 94 percent response from CCPH employees and partners within four hours.)

COMMUNITY AND ADULT HEALTH

Statement of Purpose

Catawba County Public Health (CCPH) Adult Health Programs provide patients with screening exams for early detection of breast, cervical, and communicable diseases, provide methods and strategies for the prevention of unplanned pregnancy and diseases, and focus on the promotion of health and wellness through education on healthier lifestyle choices.

Outcomes

1. To improve patient access to timely and convenient preventive and cancer screening services, Adult Preventive Health Clinic will use “open access” (a best practice model) appointment scheduling and employ quality improvement strategies to achieve a patient show rate of 84 percent. (The show rate for Fiscal Year 2011/12 was 83 percent; the show rate for Fiscal Year 2012/13 was 82 percent, and the show rate for Fiscal Year 2013/14 was 82 percent. No State or regional data available for comparison.)
2. Cancer has been a Catawba County health priority since the 2007 Community Health Assessment. As reported in the 2014 SOTCH, breast cancer has one of the highest incidence rates among all cancers in Catawba County (148.1 per 100,000) and is the second leading cause of cancer death locally. To assure that breast cancer is properly diagnosed and treated, 95 percent of women screened for breast cancer in the Adult Preventive Health Clinic who are referred to outside providers for evaluation of abnormal breast findings will follow through with obtaining care. (The treatment rate for Fiscal Year 2012/13 was 99 percent and for Fiscal Year 2013/14 100 percent. No State or regional data available for comparison.)
3. In an effort to reduce the spread of sexually transmitted diseases in Catawba County, 90 percent of Adult Preventive Health Clinic patients diagnosed with a sexually transmitted disease will receive treatment within two weeks of diagnosis. (The treatment rate for Fiscal Year 2012/13 rate was 95 percent and for Fiscal Year 2013/14 99 percent. No State or regional data available for comparison.)
4. To prevent new active cases and the spread of Tuberculosis (TB), 80 percent of all persons identified with latent TB will complete the recommended treatment (generally a six- to nine-month medication regimen). Treatment is strongly recommended but not required for patients with latent TB. Although the latent variation of the disease is not active or contagious, if not treated it may progress to active (contagious) TB.

WOMEN, INFANTS, AND CHILDREN (WIC)

Statement of Purpose

The WIC program is a federally funded initiative with both State and local management that provides nutrition education and supplemental foods to eligible women, infants, and children of Catawba County. State data proves that WIC lowers infant mortality by 25 to 66 percent among Medicaid beneficiaries who participated in WIC as compared to Medicaid beneficiaries who did not participate in WIC and saves public health dollars in North Carolina. In the US, every WIC dollar spent on a pregnant woman saves \$4.21 in Medicaid cost during the first 60 days of an infant's life.

Outcomes

1. To maximize the growth and development of infants and children through improved nutritional status, the WIC Program will maintain participant caseload at a minimum of 97 percent of the State WIC program assigned base caseload. In collaboration with Catawba County Department of Social Services (DSS), Catawba County Public Health (CCPH) will identify clients being dually served by WIC/Food Assistance programs, analyze potential missed opportunities for service, and explore and report the feasibility, challenges, and benefits of improved eligibility coordination of similar client assistance programs.
 - Fiscal Year 2015/16 (Year 2): An assessment in Fiscal Year 2014/15 identified missed opportunities to connect clients with CCPH WIC services when applying for assistance from DSS. To ensure eligible clients requesting food and financial assistance from DSS gain access to the WIC supplemental food and nutrition program at CCPH, 50 percent of clients referred to WIC from DSS will be enrolled in WIC services. A formal process for referral, follow-up, and tracking clients referred to WIC from DSS was developed and began in January 2015.
2. For women enrolled in the Breastfeeding Peer Counseling Program and who breastfeed their infant at birth, 80 percent will continue for six weeks and 95 percent will continue for six months. Mother and newborn will experience the many health benefits linked by research to breastfeeding. (During Fiscal Year 2013/14, 97 percent of women breastfed for at least six weeks.)
3. To promote the use of locally grown fruits and vegetables and support local farmers markets, 60 percent of WIC participants who receive Farmer's Market vouchers will redeem them in order to receive fresh fruits and vegetables. (The 2012 rate for Catawba County was 51.29 percent while the rate for NC was 47.43 percent; the 2013 rate for Catawba County was 62.9 percent while the NC rate is not yet available.) Improving access to healthy foods through farmers' market usage is directly linked to Community Health Assessment food access strategies addressing obesity and chronic disease.
4. To increase individual consumption of fruits and vegetables with an aim toward reduced obesity and improved overall health in Catawba County, Public Health will increase access to fresh produce for lower-income residents through a 15 percent increase of SNAP/EBT usage at the Public Health Farmers Market. Baseline: \$1,868 SNAP/EBT purchases in 2014. 2015 Target: \$2,148. Obesity has been a health priority in Catawba County since the 2004 Community Health

Assessment. As of the most recent annual SOTCH report, 67.2 percent of adults in the 17-county Northwest AHEC region (which includes Catawba County) are overweight or obese. One high impact strategy recommended by the Centers for Disease Control and Prevention to help address obesity is increasing access to fresh produce through access to/enhancement of markets, and providing the ability to use SNAP/EBT benefits is one way to accomplish that.